

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	PAT	70385	
<b>O.I.P.E. CLASSIFIER</b>		59	22800
<b>FORMALITY REVIEW</b>	JW	72346	4-1-00
<b>RESPONSE FORMALITY REVIEW</b>	J	71531	1/12/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date									
Final	Original	9	10	11	12	13	14	15	16	17
1	1	✓	✓	✓	✓					
2	2	✓	✓	✓	✓					
3	3	✓	✓	✓	✓					
4										
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6	6									
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8	8	✓	✓							
9	9			0	✓					
10	10			✓	✓					
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Claim	Date									
Final	Original	51	52	53	54	55	56	57	58	59
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Claim	Date									
Final	Original	101	102	103	104	105	106	107	108	109
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If more than 150 claims or 10 actions  
staple additional sheet here

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